

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU3318USWFirst Names Inventor:
FELDMANComplete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SHORT-ACTING BENZODIAZEPINES

the specification of which (check only one item below):

[] is attached hereto.

OR

[X] was filed on _____ as United States application Serial No. 09/806,840 or PCT International

Application Number PCT/US00/13134 filed May 12, 2000 and was amended on (MM/DD/YYYY)
_____(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9911152.8	GB	05/14/1999	x
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
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3.		
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5.		

DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

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David J. Levy	Reg. No. 27,655	James P. Riek	Reg. No. 39,009	Bonnie L. Deppenbrock	Reg. No. 28,209
Charles E. Dadswell	Reg. No. 35,851	Virginia C. Bennett	Reg. No. 37,092	John L. Lemanowicz	Reg. No. 37,380
Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy L. Fix	Reg. No. 42,616
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
Elizabeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		

Send Correspondence to:

David J. Levy, Patent Counsel
Corporate Intellectual Property Department
GlaxoSmithKline,
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709

**23347**

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

Lorie Ann Morgan
919-483-8222

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

00 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			DATE: 10-20-01
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0 1		Durham	NC	US
		GlaxoSmithKline	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		
2 0	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 2		Durham	NC	US
		GlaxoSmithKline, Inc.	Research Triangle Park	NC 27709 US
		Five Moore Drive, PO Box 13398		

DECLARATION FOR "371" APPLICATION

2 0 3	FULL NAME OF INVENTOR	FAMILY NAME KALDOR	FIRST GIVEN NAME Istvan	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			<u>DATE:</u>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP HU
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
4 2 0 4	FULL NAME OF INVENTOR	FAMILY NAME PACOFESKY	FIRST GIVEN NAME DGregory	SECOND GIVEN NAME/INITIAL J
	INVENTOR'S SIGNATURE			<u>DATE:</u> 24 October 2001
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2 0 5 6	FULL NAME OF INVENTOR	FAMILY NAME STAFFORD	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL A.
	INVENTOR'S SIGNATURE			<u>DATE:</u>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME TIDWELL	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL H.
	INVENTOR'S SIGNATURE			<u>DATE:</u>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164	Amy L. Fix	Reg. No. 42,616
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
Elizabeth Selby	Reg. No. 38,298	Lorie Ann Morgan	Reg. No. 38,181		

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 Corporate Intellectual Property Department
 GlaxoSmithKline,
 Five Moore Drive, PO Box 13398
 Research Triangle Park, NC 27709


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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE		Paul	L
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	DATE:
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	US
			NC	STATE & ZIP CODE/COUNTRY
				NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	JUNG	David	Kendall
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	DATE: 10/17/01
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398	Research Triangle Park	US
			NC	STATE & ZIP CODE/COUNTRY
				NC 27709 US
3 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	KALDOR	Istvan	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	DATE: Oct 12/01
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	COUNTRY OF CITIZENSHIP
		GlaxoSmithKline Five Moore Drive, PO B x 13398	Research Triangle Park	HU
			NC	STATE & ZIP CODE/COUNTRY
				NC 27709 US

DECLARATION FOR "371" APPLICATION

204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	PACOFISKY	Gregory	J
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	DATE:
	POST OFFICE ADDRESS	Durham	NC	COUNTRY OF CITIZENSHIP
205	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	Research Triangle Park	NC 27709 US	
	Five Moore Drive, PO Box 13398			
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	STAFFORD	Jeffrey	A.
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	DATE:
	POST OFFICE ADDRESS	Durham	NC	COUNTRY OF CITIZENSHIP
207	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline	Research Triangle Park	NC 27709 US	
	Five Moore Drive, PO Box 13398			
208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	TIDWELL	Jeffrey	H.
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	DATE: 10/12/01
	POST OFFICE ADDRESS	Durham	NC	COUNTRY OF CITIZENSHIP
209	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	GlaxoSmithKline, Inc.	Research Triangle Park	NC 27709 US	
	Five Moore Drive, PO Box 13398			
210	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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	INVENTOR'S SIGNATURE			DATE:
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[X] was filed on _____ as United States application Serial No. 09/806,840 or PCT International

Application Number PCT/US00/13134 filed May 12, 2000 and was amended on (MM/DD/YYYY)
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Robert H. Brink Reg. No. 36,094
Elizabeth Selby Reg. No. 38,298

James P. Riek Reg. No. 39,009
Virginia C. Bennett Reg. No. 37,092
Frank P. Grassler Reg. No. 31,164
Christopher P. Rogers Reg. No. 36,334
Lorie Ann Morgan Reg. No. 38,181

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John L. Lemanowicz Reg. No. 37,380
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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME FELDMAN	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL L
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME JUNG	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Kendall
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Inc. Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US

DECLARATION FOR "371" APPLICATION

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	INVENTOR'S SIGNATURE			<u>DATE:</u>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP HU
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME PACOFISKY	FIRST GIVEN NAME Gregory	SECOND GIVEN NAME/INITIAL J
	INVENTOR'S SIGNATURE			<u>DATE:</u>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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2 0 6	FULL NAME OF INVENTOR	FAMILY NAME STAFFORD	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL A.
	INVENTOR'S SIGNATURE			<u>DATE:</u>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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2 0 6	FULL NAME OF INVENTOR	FAMILY NAME TIDWELL	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME/INITIAL H.
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PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU3318USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			DATE:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE			DATE:
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DECLARATION FOR "371" APPLICATION

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207	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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		INVENTOR'S SIGNATURE			
	0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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